

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75234

Registration District No. 4404

Registered No. 113

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 3, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(C) FULL NAME

Jack Love

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Odesse Love

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill SC.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Marie Jones

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

8/15/16

191

6

(28)

J. Smith

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.